

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-026868

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

140

Primary Registration District No.

4229

Registrar's No.

50

STATE FILE NUMBER

FILED JUL 17 1962

1. PLACE OF DEATH

a. COUNTY

Howard

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

New Franklin

Length of stay in 1b
45 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

500 West Broadway

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Howard

c. CITY OR TOWN New Franklin,

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 227 W. Broadway

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
StephenMiddle
BennettLast
STARKEY

4. DATE OF DEATH

Month
JulyDay
9,Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 14, 1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Store Keeper

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Henry County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Starkey

13b. MOTHER'S MAIDEN NAME

Maggie Overbey

14. NAME OF HUSBAND OR WIFE

Edna Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Edna Starkey New Franklin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Crushed Skull
Tractor Accident

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Tractor That Turned

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

7 9-62 Once

20d. INJURY OCCURRED WHILE AT WORK ☒
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Farm

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

New Franklin Howard MO

21. I attended the deceased from

7-9-62

to 7-9-62

and last saw him alive on 7-9-62

Death occurred at

2:30 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ira Bloom M.D. Coroner

22b. ADDRESS

Jaye MO

22c. DATE SIGNED

7-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 11, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Pleasant Cem.

23d. LOCATION (City, town, or county)

New Franklin

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Markland-Hall New Franklin, Mo.

25. DATE RECD. BY LOCAL REG.

7-12-62

26. REGISTRAR'S SIGNATURE

Katherine Welch

JUL 19 1962

JUL 20 1962

Permit issued 7-11-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.